



5 & 45 Days Notices Food Establishment Inspection Report

Pursuant to Title 25 of the District of Columbia Municipal Regulations



Government of the District of Columbia
Department of Health
Health Care Regulation & Licensing Administration
Food Safety & Hygiene Inspections Services Division
51 N Street, NE, Washington, DC 20002
(202) 535-2180

| | CRITICAL | NON CRITICAL |
|--------------------------|----------|--------------|
| No. of Violations | 3 | 4 |
| No. of Repeat Violations | - | - |
| COS Score (optional) | 0 | 0 |

Page 1 of 2
Date 2/28/2007
Time In 12:12 PM
Time Out 12:58 PM

Establishment Name
Ferebee-Hope Elementary School
Address 800 Yuma Street, SE
Washington, DC 20032
Telephone 202-645-3095

License Holder
N/A
License/Customer No.

Certified Food Manager
Novella B. Moten
Certified Food Manager Identification Card No.
20812 exp. 6/3/2008
ID Card Available Yes No

Type of Inspection:
 Preoperational
 Follow-up
 Complaint generated
 Routine
 HACCP
 Other

Establishment Type:
 Food Service 112A Wholesaler/ Food
 Food Market Processor

Risk Category: Public Sch. Cafeteria
 High Medium Low

CRITICAL ITEMS * (RISK FACTORS AND INTERVENTIONS)

The letter to the left of each item indicates that item's status at the inspection.

| In Compliance | Demonstration of Knowledge | COS | R |
|---|---|--------------------------|--------------------------|
| <input checked="" type="checkbox"/> N | 1. Correct response to questions | <input type="checkbox"/> | <input type="checkbox"/> |
| | Employee Health | | |
| <input checked="" type="checkbox"/> N | 2. Exclusion, restriction and reporting | <input type="checkbox"/> | <input type="checkbox"/> |
| | Good Hygienic Practices | | |
| <input checked="" type="checkbox"/> N | 3. Eating, tasting, drinking, or tobacco use | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> N | 4. Discharge from eyes, nose, or mouth | <input type="checkbox"/> | <input type="checkbox"/> |
| | Control of Hands as a Vehicle of Contamination | | |
| <input checked="" type="checkbox"/> N | 5. Clean hands, properly washed | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> N | 6. Bare hand contact with ready-to-eat foods | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> N | 7. Hand washing facilities | <input type="checkbox"/> | <input type="checkbox"/> |
| | Approved Source | | |
| <input checked="" type="checkbox"/> N | 8. Food obtained from approved source | <input type="checkbox"/> | <input type="checkbox"/> |
| Y N <u>N/O</u> | 9. Receiving temperature / condition | <input type="checkbox"/> | <input type="checkbox"/> |
| Y N <u>N/A</u> | 10. Records: shellstock tags, parasite destruction, required HACCP plan | <input type="checkbox"/> | <input type="checkbox"/> |
| | Protection from Contamination | | |
| Y <input checked="" type="checkbox"/> N/A | 11. Food segregated, separated and protected | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> N N/A | 12. Food contact surfaces clean and sanitized | <input type="checkbox"/> | <input type="checkbox"/> |
| Y N <u>N/O</u> | 13. Warewashing, sanitization, frequency, methods | <input type="checkbox"/> | <input type="checkbox"/> |
| Y N <u>N/O</u> | 14. Returned / reservice of food | <input type="checkbox"/> | <input type="checkbox"/> |
| Y N <u>N/O</u> | 15. Discarding / reconditioning unsafe food | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> N | 16. Controlling pests | <input type="checkbox"/> | <input type="checkbox"/> |

| In Compliance | Potentially Hazardous Food Time / Temperature | COS | R |
|---|--|--------------------------|--------------------------|
| Y N <input checked="" type="checkbox"/> N/A | 17. Proper cooking, time and temperature | <input type="checkbox"/> | <input type="checkbox"/> |
| Y N <input checked="" type="checkbox"/> N/A | 18. Reheating for hot holding | <input type="checkbox"/> | <input type="checkbox"/> |
| Y N <input checked="" type="checkbox"/> N/A | 19. Cooling / Thawing | <input type="checkbox"/> | <input type="checkbox"/> |
| Y N <input checked="" type="checkbox"/> N/A | 20. Hot holding | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> N N/O N/A | 21. Cold Holding | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> N N/O N/A | 22. Date marking and disposition | <input type="checkbox"/> | <input type="checkbox"/> |
| Y N <input checked="" type="checkbox"/> N/A | 23. Time as a public health control (procedures / records) | <input type="checkbox"/> | <input type="checkbox"/> |
| | Consumer Advisory | | |
| Y N <input checked="" type="checkbox"/> N/A | 24. Consumer advisory for raw or undercooked food | <input type="checkbox"/> | <input type="checkbox"/> |
| | Highly Susceptible Populations | | |
| <input checked="" type="checkbox"/> N N/O N/A | 25. Pasteurized foods used, avoidance of prohibited foods | <input type="checkbox"/> | <input type="checkbox"/> |
| | Chemical, Poisonous or Toxic Materials | | |
| Y N <input checked="" type="checkbox"/> N/A | 26. Additives / approved, unapproved | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> N | 27. Toxic substances properly identified, stored, used | <input type="checkbox"/> | <input type="checkbox"/> |
| | Conformance with Approved Procedures | | |
| Y N <input checked="" type="checkbox"/> N/A | 28. Compliance with variance and HACCP plan | <input type="checkbox"/> | <input type="checkbox"/> |

R = repeat violation Y = yes, in compliance N = no, not in compliance
COS = corrected on-site N/O = not observed N/A = not applicable

* VIOLATION OF SIX (6) OR MORE CRITICAL ITEMS THAT CANNOT BE CORRECTED ON SITE DURING THE COURSE OF THE INSPECTION RESULTS IN AUTOMATIC SUSPENSION & CLOSURE OF FOOD ESTABLISHMENT

ADDITIONAL COMMENTS

| Item/Location | Temp | Item/Location | Temp | Item/Location | Temp | Item/Location | Temp |
|-------------------|------|-------------------------|------|---------------|------|---------------|------|
| Hot Water | 55°F | Chocolate Milk | 37°F | Tass Salad | 38°F | | |
| Refrigerator (R2) | 40°F | Peach Cup | 39°F | Freezer | -1°F | | |
| MILK | 39°F | Mozzarella Cheese Pizza | 26°F | | | | |

Ferebee-Hope Elementary School

NONCRITICAL ITEMS GOOD RETAIL PRACTICES

| | | COS | R | | | COS | R | | | COS | R | | | |
|-------------------------------------|--|-----|--------------------------|--------------------------|--------------------------|-----------------------------|-----|--------------------------|--------------------------|-------------------------------------|---|-----|--------------------------|--------------------------|
| <input type="checkbox"/> | Food and non-food contact surfaces — Constructed, cleanable, usage | Yes | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Plant food cooking | N/A | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Storage of equipment, utensil, linens, & single-service / single-use articles | Yes | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | Liquid waste disposal | Yes | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Toilet facilities | Yes | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Physical facilities | No | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | Unnecessary exposure of utility lines | Yes | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Garbage and refuse disposal | Yes | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Specialized processing methods | | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | Equipment for temperature control | Yes | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Food utensils/ in-use | N/O | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Other | | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | Personal cleanliness | No | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Thermometers | Yes | <input type="checkbox"/> | <input type="checkbox"/> | | | | | |
| <input type="checkbox"/> | Food labeled/ condition | Yes | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Wiping cloths | Yes | <input type="checkbox"/> | <input type="checkbox"/> | | | | | |

| OBSERVATIONS | CORRECTIVE ACTIONS |
|--|--|
| Critical Items | 5 DAYS to correct |
| No Hot Water | 25 DCMR 4409 Maintain a supply of hot water at least 110°F or above |
| No valid business license posted | 25 DCMR 203 Post a valid business license issued by the mayor |
| Non-Critical Items | 45 DAYS to correct |
| Blown light Food improperly stored in freezer | 25 DCMR 816 Elevate all food at least 6 (six) inches above the floor |
| Non-Critical Items | 45 DAYS to correct |
| Blown light in ceiling | 25 DCMR 2908 Replace the blown light bulb. |
| Rubber strip on freezer door is coming apart; refrigerator door plate is broken | 25 DCMR 1800 Repair the strip on the freezer door. Replace the broken plate on refrigerator door |
| Employees not wearing hair restraints | 25 DCMR 502 All food handlers are required to wear hair restraints. |
| Cracked tile on outside of refrigerator wall; gap under rear kitchen door | 25 DCMR 3200 Replace the cracked tile; place a guard (sweeper) on rear door |
| * Temperature logs up-to-date | |
| If you have any questions, please contact Mr. Ronnie Taylor, Area Supervisor, at 202-5352183 | |

Person-in-Charge (Signature) *Nowella Moten* (Print) *Nowella Moten* Date *2/28/06*

Inspector (Signature) *Judy Gene Cooper* (Print) *Ivory Gene Cooper* Badge # *650* Date *2/28/2007*

EHA

FOOD ESTABLISHMENT INSPECTION REPORT

Address 800 Vermont Street SE Date 3.24.05
 Name of Licensee Food Branch Service Officer of Firm _____
 Trading as terepee - Hope Inspect. Time _____ Customer # 50005609
 Food Service Retail Store Other Sanitation Rating 8799 Number of Samples Collected 0

#112A

NOTICE TO ESTABLISHMENT

This inspection was conducted to determine compliance with District Regulations.

Effective action must be taken this date to correct all underlined deficiencies having a demerit value of 6. Other underlined deficiencies must be corrected as indicated under "Remarks". Failure to make the indicated correction within the specified time may result in court proceedings being initiated for the enforcement thereof.

| | | | |
|---|---|---|----------|
| A. STRUCTURE | | C. MEAT and MEAT PRODUCTS, INGREDIENTS, ICE, OTHER FOODS | |
| 1. Floors: clean - easily cleanable - in good repair - properly drained | 2 | 1. (a) Source: approved | 6 |
| 2. Walls, ceiling and overhead: Clean - easily cleanable - no scaling paint - in good repair | 2 | (b) Trichinae treatment for appropriate product containing pork muscle tissue | |
| 3. Lighting: adequate for operation | 2 | 2. Condition: sound - clean - unadulterated - only authorized food additives used | 6 |
| 4. Ventilation: rooms reasonably free from odors, condensation, smoke, etc. | 2 | 3. Labeling: proper - no false or misleading statements - products accurately described - accurate net weights | 4 |
| 5. Toilets/dressing rooms: clean - convenient - adequate - properly constructed and ventilated | 2 | 4. Temperature of potentially hazardous food: 45° F or less of 140°F or more - frozen foods at 0°F or below | 6 |
| 6. Handwashing facilities: adequate - property located - soap and towels | 6 | DEMERITS C <u>0</u> | |
| 7. Plumbing: potable water supply - sufficient hot and cold running water no back siphonage or cross connections - no overhead waste lines in critical areas | 6 | D. PERSONNEL | |
| DEMERITS A <u>0</u> | | 1. Outer garments: appropriate and washable - clean - proper hair restraints | 2 |
| B. EQUIPMENT | | 2. Good apparent health | 6 |
| 1. Installation: equipment location permits easy access to and cleaning of equipment and adjacent surfaces or properly sealed to adjacent surfaces | 2 | 3. Hygienic practices: | |
| 2. Refrigerated and hot food holding equipment: adequate - capable of maintaining proper food temperature - in good repair - provision for separation of raw and finished products | 6 | (a) good personal hygiene - hand washed and clean - proper and minimal personal contact with food and food contact surfaces | 6 |
| 3. Food Contact surfaces of equipment and multi-use eating and cooking utensils: constructed of suitable material - free of cracks, crevices, chips, rust or paint - equipment easily disassembled and readily cleanable - clean and sanitized before each use - proper facilities and material available for cleaning and sanitizing | 6 | (b) <u>Certified Food Supervisor</u> | |
| 4. Non-food Contact surfaces: proper construction - clean - in good repair - suitable facilities and materials available for cleaning | 6 | DEMERITS D <u>6</u> | |
| 5. Cooking units, hoods and filters: clean - in good repair | 6 | E. GENERAL | |
| DEMERITS B <u>2</u> | | 1. Premises: no rodent harborage - effective vermin control - only permitted pesticides used and properly stored - premises free of trash and litter - no birds or unauthorized animals - facilities and materials available for cleaning | 6 |
| TOTAL DEMERITS <u>17</u> | | 2. General storage: storage areas clean, adequate and properly utilized - food product ingredients, utensils and single service items protected from contamination - soiled linens and clean linens separated - contents of containers properly identified - poisonous materials properly labeled, handled and stored | 6 |
| | | 3. Operating methods: food protected during display, packaging, processing and transportation - containers and wrappings sanitary - proper sequence of operations | <u>6</u> |
| | | 4. Waste containers: property constructed and used - clean | 2 |
| | | DEMERITS E <u>6</u> | |

REMARKS DBB Provide filter over stove
E-3 All food items must be protected from contamination. Refrigerator for milk must be kept closed. Smells should not be in large containers without proper covers. This day should not serve these unless they are properly wrapped.
DBB Apples in container must be a certified food manager.
 INSPECTED BY C. Bailey RECEIVED BY Michael L. Hoff

